



# Overview of the Medi-Cal Mental Health Delivery System: Measuring Quality

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# Quality Improvement & Performance Measurement for Specialty Mental Health

- State/county contracts outline MHP quality and performance requirements. Each county maintains annual quality work plans that are submitted to DHCS and overseen by quality improvement teams.
- MHPS must:
  - Undergo **Triennial Compliance Reviews** performed by DHCS
  - Participate in annual **External Quality Reviews** performed by an independent agency (“EQRO”)
  - Meet **network adequacy standards** (network data is submitted quarterly for evaluation by DHCS and annual certification by CMS)
- Data on MHP services & performance is publicly available via:
  - SMH Performance Dashboards
  - EQRO Reports
  - Network adequacy certification reports

# External Quality Review and Performance Measures

- The independent EQRO evaluates MHP performance and quality management through a holistic process that includes:
  - Validation of the following statewide performance measures:
    - Beneficiaries served
    - Costs per beneficiary
    - Therapeutic Behavioral Services (TBS) beneficiaries served compared to the 4 percent Emily Q. benchmark
    - Inpatient psychiatric episodes, costs, and average length of stay
    - Inpatient psychiatric 7 and 30 day rehospitalization rates
    - Post-psychiatric stay 7 and 30 day follow-up SMH service rates
  - Tracking of timeliness metrics and access to care
  - On-site program evaluations
  - Client focus groups and client experience surveys
  - Monitored performance improvement projects (PIPs)
  - Review of county data and information systems
- Statewide reports are published annually.

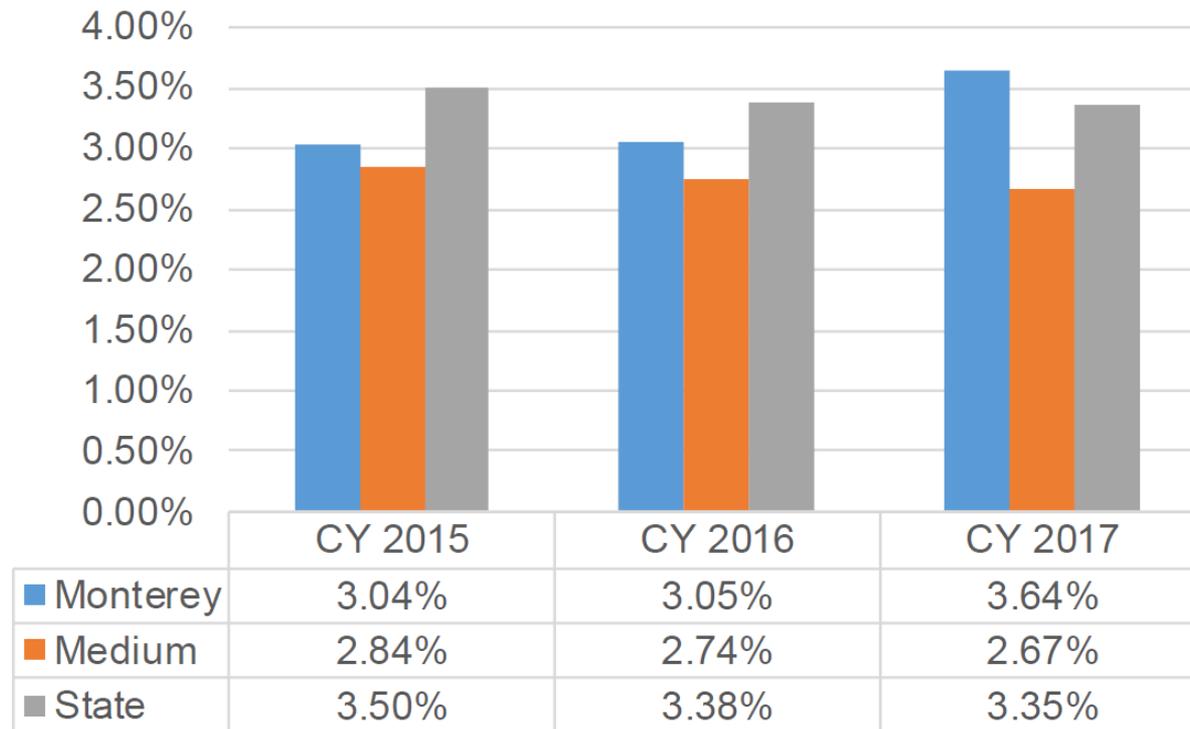
# EQRO Audit Focus

- Timeliness to access treatment
  - Post Hospital
  - In response to an urgent request
  - First appointment
- Penetration rates: How well are we engaging specific populations like:
  - The foster care population

# EQRO Audit

- Some Focus on health equity
  - What is our penetration rate with serving the Latino Population?
  - We also look at approved claims per consumer

Figure 2A. Latino/Hispanic Penetration Rates

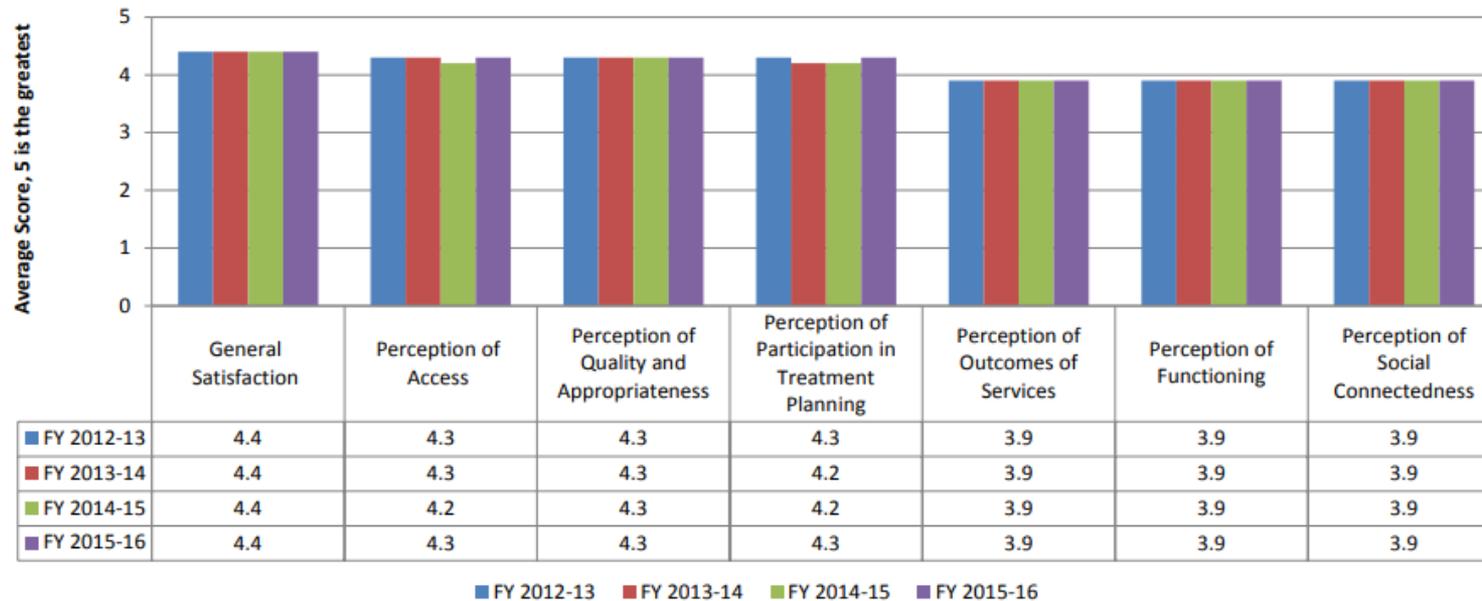


# Consumer Satisfaction Surveys

**Table A1: Adult Respondent Domain Averages  
in the Consumer Perception Survey**

DOMAIN	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16
General Satisfaction	4.4	4.4	4.4	4.4
Perception of Access	4.3	4.3	4.2	4.3
Perception of Quality and Appropriateness	4.3	4.3	4.3	4.3
Perception of Participation in Treatment Planning	4.3	4.2	4.2	4.3
Perception of Outcomes of Services	3.9	3.9	3.9	3.9
Perception of Functioning	3.9	3.9	3.9	3.9
Perception of Social Connectedness	3.9	3.9	3.9	3.9

**Adult Respondent Domain Averages  
In the Consumer Perception Survey for FY 2012-13 through 2015-16**



# SMH Performance Dashboards

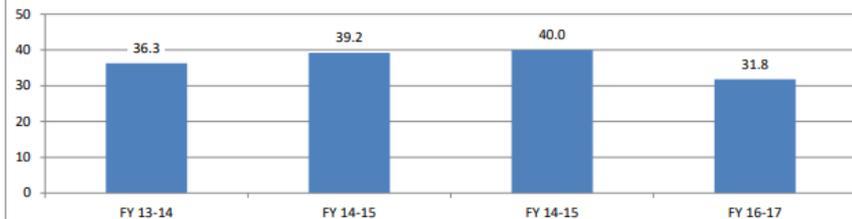
**Time to Step Down Report: Adults Stepping Down in SMHS Services Post Inpatient Discharge**  
Statewide as of March 22, 2018

Service FY	Count of Inpatient Discharges with Step Down within 7 Days of Discharge	Percentage of Inpatient Discharges with Step Down within 7 Days of Discharge	Count of Inpatient Discharges with Step Down Between 8 and 30 Days	Percentage of Inpatient Discharges with Step Down Between 8 and 30 Days	Count of Inpatient Discharges with a Step Down > 30 Days from Discharge	Percentage of Inpatient Discharges with a Step Down > 30 Days from Discharge	Count of Inpatient Discharges with No Step Down*	Percentage of Inpatient Discharges with No Step Down*	Minimum Number of Days Between Discharge and Step Down	Maximum Number of Days Between Discharge and Step Down	Mean Time to Next Contact Post Inpatient Discharge (Days)	Median Time to Next Contact Post Inpatient Discharge (Days)
FY 13-14	18,449	49.9%	5,608	15.2%	9,003	24.4%	3,913	10.6%	0	365	36.3	6
FY 14-15	24,849	48.6%	7,386	14.5%	11,241	22.0%	7,629	14.9%	0	365	39.2	8
FY 14-15	26,353	48.9%	7,166	13.3%	12,631	23.5%	7,694	14.3%	0	365	40.0	7
FY 16-17	30,709	52.1%	7,751	13.2%	9,874	16.8%	10,577	18.0%	0	365	31.8	6

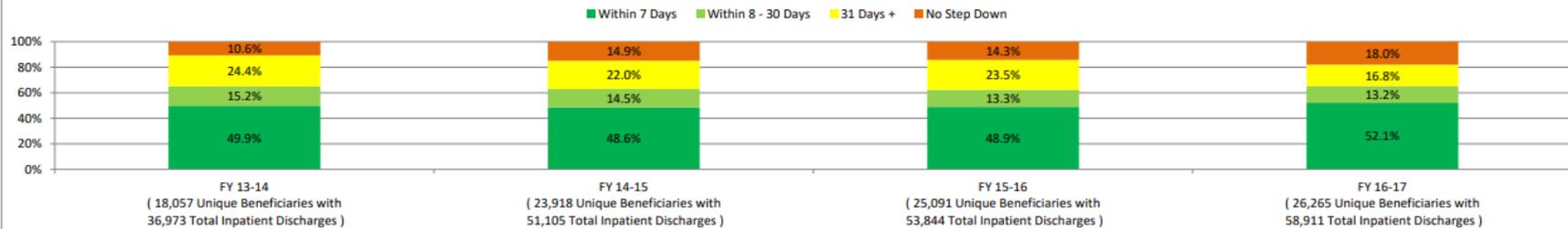
**Median Time Between Inpatient Discharge and Step Down Service in Days**



**Mean Time Between Inpatient Discharge and Step Down Service in Days**



**Percentage of Discharges by Time Between Inpatient Discharge and Step Down Service**



2/25/2019

\* **No Step Down** is defined as no Medi-Cal eligible service was claimed through Short-Doyle/Medi-Cal after a claimed inpatient service was billed with a discharge date. This category may include data currently unavailable to DHCS, such as beneficiaries that were moved to a community-based program or beneficiaries that were incarcerated.

# Network Adequacy & Timely Access

The screenshot shows the California Department of Health Care Services website. The header includes the CA.GOV logo, the department name, and navigation links for Contact Us, Career Opportunities, and Help. A search bar is present. The main navigation menu includes HOME, SERVICES, INDIVIDUALS, PROVIDERS & PARTNERS, FORMS, LAWS & PUBLICATIONS, and DATA & STATISTICS. The breadcrumb trail is Home > Forms, Laws & Publications > Network Adequacy. A language selection dropdown is also visible.

[Return to Managed Care Final Rule Homepage](#)

## ▶ Network Adequacy

In order to strengthen access to services in a managed care network, the Final Rule requires states to establish network adequacy standards in Medicaid managed care for key types of providers, while leaving states the flexibility to set the actual standards. The Final Rule requires that states:

- Develop and implement time and distance standards for primary and specialty care (adult and pediatric), behavioral health (adult and pediatric), OB/GYN, pediatric dental, hospital, and pharmacy providers;
- Develop and implement timely access standards for long-term services and supports (LTSS) providers who travel to the beneficiary to provide services; and
- Assess and certify the adequacy of a managed care plan's provider network at least annually.

The Final Rule network adequacy requirements are effective in the July 1, 2018 health plan contract year.

### 📄 Network Adequacy Standards ▶

The proposal outlines the approach that DHCS has undertaken to develop the standards and describes monitoring activities for ongoing compliance.

### 📄 Managed Care Plans

- [Attestation of January 2019 Annual Network Certification](#)
- [Assurance of Compliance Report- January 2019 Annual Network Certification](#)
- [Attestation of Network Certification Compliance](#)
- [Assurance of Compliance – Network Certification of Medi-Cal Managed Care Plans](#)
- [Approved Alternative Access Standards](#)
- [Corrective Action Plan Findings and Plan Responses](#)

### 📄 Mental Health Plans

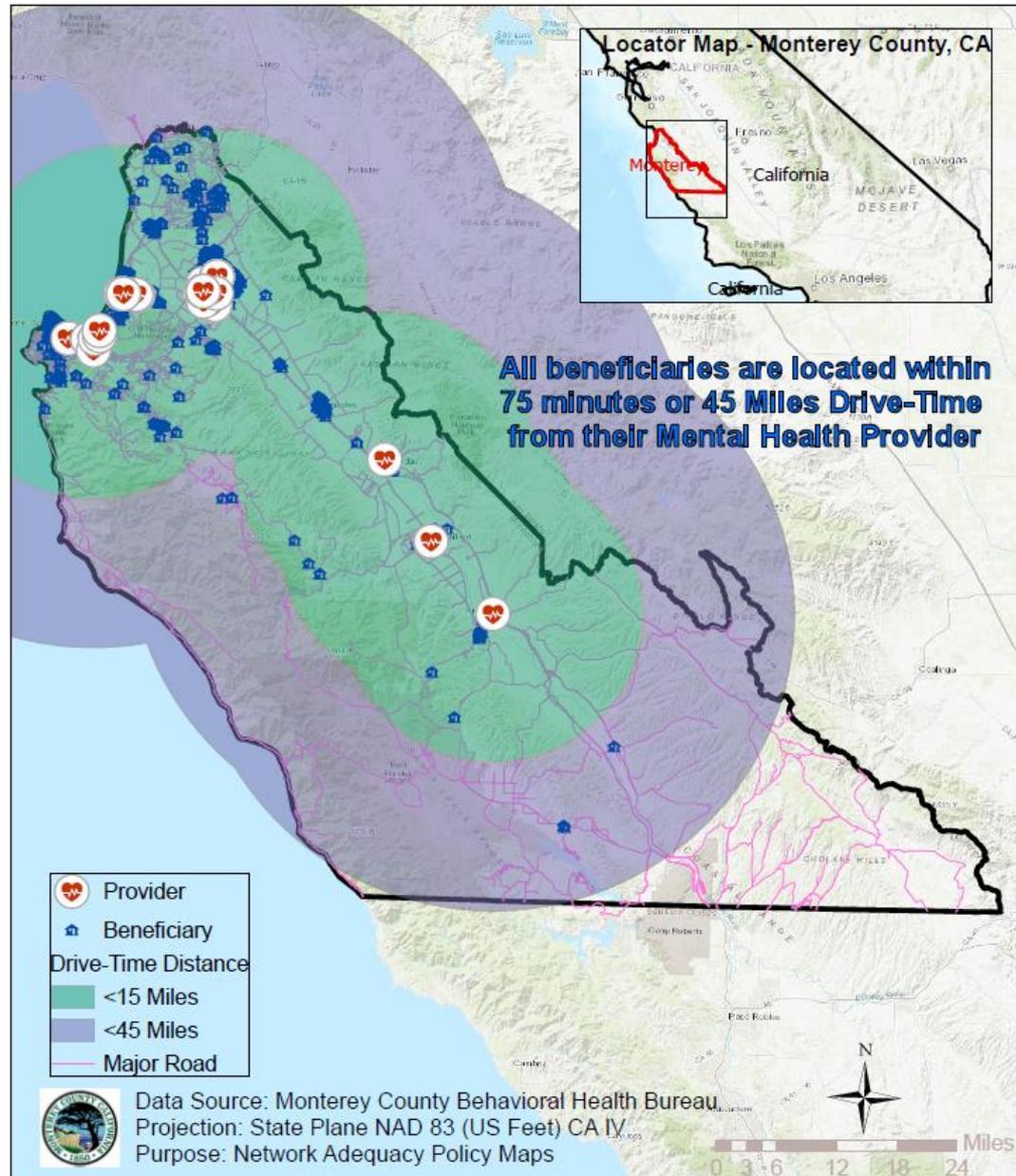
- [Attestation of Network Certification Compliance](#)
- [Network Adequacy Certifications and Alternative Access Standards](#)

### 📄 DMC -ODS Pilots

- [Attestation of Network Certification Compliance](#)
- [Assurance of Compliance - Network Certification of Drug Medi-Cal Organized Delivery System Plans](#)
- [Approved Alternative Access Standards](#)
- [Corrective Action Plan Findings and Plan Responses](#)

# Network Adequacy

- Each county maps out network to ensure time and distance standards are met for consumers.



**How does all this help us care for our clients?**

# Measures that matter most

- Did we inspire hope? Are consumers in recovery woven into the network of services to remind us all of what is possible?
- Did we increase safety by being in the right place at the right time?
- Have we created welcoming low stigma places of healing in our community?
- Have we done all that we can to reduce inequity?
- Have we joined with, trained and empowered families so they know how to respond to urgent safety concerns?
- Are we leading from the trenches – representing the needs of some of the most vulnerable people living in California?

# Questions?

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